

# **Exhibit EE**



**James W. Ballard, M.D.**

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**NIOSH Certified B-Reader**

Licensed B-Reader in Alabama and Florida

**X-RAY EVALUATION**

**Representing Silicosis Only!**

June 8, 2008

Re: James, Lander

SSN: [REDACTED]

Chest radiograph(s) dated 04/27/02 is reviewed for the presence of and classification of pneumoconiosis according to the ILO 80 classification.

Film quality is grade 2 due to slight underexposure. Inspection of the lung parenchyma demonstrates interstitial changes in all six lung zones consisting of small irregular and rounded opacities of size and shape s/p, profusion 1/1.

There are no pleural plaques or pleural calcifications. Pleural thickening is seen in the minor fissure. No parenchymal infiltrates, nodules or masses are seen. The heart is of normal size and the mediastinal structures are unremarkable.

**CONCLUSION:** The above parenchymal changes are consistent with asbestosis/mixed dust disease provided the subject's exposure history and period of latency are appropriate.

*James W. Ballard, M.D.*

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James Lawler  
WORKER'S SOCIAL SECURITY NUMBER

TYPE OF READING  
A ☒ P

FACILITY IDENTIFICATION

1A. DATE OF X-RAY  
MONTH DAY YEAR  
01 17 01

1B. FILM QUALITY  
1 2 3 UR  
Slightly overexp  
Exp 10 11 12

1C. IS FILM COMPLETELY NEGATIVE?  
YES ☐ NO ☒  
Proceed to Section 5 Proceed to Section 2

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCOINOSIS?  
YES ☒ COMPLETE 2B AND 2C NO ☐ Proceed to Section 3

2B. SMALL OPACITIES  
a. SHAPE/SIZE  
PRIMARY SECONDARY  
P 1 Q 1 R 1 U 1  
P 5 Q 1 R 1 U 1

b. ZONES  
R L

c. PROFUSION  
01 02 03  
10 11 12  
21 22 23  
32 33 34

2C. LARGE OPACITIES  
SIZE A B C

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCOINOSIS?  
YES ☐ COMPLETE 3B, 3C AND 3D NO ☒ Proceed to Section 4

3B. PLEURAL THICKENING  
a. DIAPHRAGM (plate)  
SITE O R L  
b. COSTOPHRENIC ANGLE  
SITE O R L

3C. PLEURAL THICKENING... Chest Wall  
a. CIRCUMSCRIBED (plate)  
SITE O R L  
b. DIFFUSE  
SITE O R L

3D. PLEURAL CALCIFICATION  
SITE O R L EXTENT  
a. DIAPHRAGM b. WALL c. OTHER SITES

4A. ANY OTHER ABNORMALITIES?  
YES ☒ COMPLETE 4B AND 4C NO ☐ Proceed to Section 5

4B. OTHER SYMPTOMS (OBLIGATORY)  
Report those which may be of present clinical significance in this section.  
OD

4C. OTHER COMMENTS

5. FILM HEADERS INITIALS JWB  
PHYSICIAN'S SOCIAL SECURITY NUMBER  
DATE OF READING  
MONTH DAY YEAR  
01 17 01

Complete if social security number is not furnished:  
NAME (LAST-FIRST-MIDDLE)  
STREET ADDRESS CITY STATE ZIP CODE

Submitting your social security number is voluntary. You select to provide this number will not affect your right to participate in this program.

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